

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

JUL 20 2001

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Attorney Docket No.	6193-US.P1 (1700/37)
Application Number	09/193,538
Filing Date	NOVEMBER 17, 1998
First Named Inventor	P.A. BILLING-MEDEL, et al.
Group Art Unit	1655
Examiner	J. SOUAYA

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment and Response	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment After Final Rejection	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input checked="" type="checkbox"/> Petition and Fee for Two Month Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art,	<input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request of Refund	
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 01-0025 (Abbott Laboratories). A duplicate copy of this sheet is enclosed.	

TECH CENTER 1600/2900

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CALCULATION OF FEE

Claims After Amendment					Highest No. Previously Paid For		Present Extra		Small Entity		Large Entity	
Total	27	Minus	51	0					Rate	Add'l Fee	Rate	Add'l Fee
Indep.	7	Minus	16	0					x \$9=	0	x \$18=	
First Presentation of Multiple Dep. Claim												
									x \$40=	0	x \$80=	
									+\$135=	---	+\$270=	
									total add'l fee	\$ 0	total add'l fee	\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	RUTH PE PALILEO Registration No. 44,277 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
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Signature	Ruth Pe Palileo	Date	July 16, 2001
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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: July 16, 2001

Signature	Ruth Pe Palileo	Date:	July 16, 2001
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